

NOTICE OF INDEPENDENT REVIEW DECISION

June 27, 2002

RE: MDR Tracking #: M2-02-0794-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in anesthesiology, which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 45 year old male sustained a work related injury on _____. The patient is post lumbar laminectomy and post discogram of 10/20/99 and 05/03/00. He underwent an EMG/nerve conduction study on 05/22/01 and an MRI on 07/11/01. The patient is currently being seen and evaluated for complaints of lumbar pain that radiates bilaterally into the lower extremities. The treating physician is recommending that the patient undergo a laser assisted spinal endoscopy.

Requested Service(s)

Laser assisted spinal endoscopy

Decision

It is determined that a laser assisted spinal endoscopy is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

A lumbar MRI performed on 07/11/01 demonstrates minimal non-pathologic disc bulges at L3-L4 and L4-L5, without evidence of nerve root compression, epidural fibrosis, or disc herniation. EMG results 2 months previously are therefore not substantiated. A

discogram performed on separate dates over 6 months apart revealed no pathology at L5-S1 level despite subjective reports of concordant pain and the same L5-S1 CT scan revealed no tear or extravasation. There is no objective medical evidence of spinal pathology to justify the patient complaint of lumbar pain radiating to toes bilaterally with numbness, tingling and weakness. If laser assisted spinal endoscopy (LASE) is indicated for "reduction of bulging nucleus to eliminate the pressure.... on the nerve root" (as stated in the 04/18/02 note), then the procedure is not indicated in this case, since there is no bulging nucleus, nor any compression of nerve roots on any objective radiographic studies. Moreover, the documented physical examinations demonstrate no abnormal neurologic findings, normal reflexes and sensation, and no nerve root tension signs. There is no clinical condition in this patient for which LASE is medically indicated or necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,